

| <b>CLAIMS ONLY</b>                                |          |        |                       | Application Number<br><b>10811031</b> |                        | Filing Date |  |
|---|----------|--------|-----------------------|---------------------------------------|------------------------|-------------|--|
|   |          |        |                       | Applicant(s)                          |                        |             |  |
| * May be used for additional claims or amendments |          |        |                       |                                       |                        |             |  |
| CLAIMS  | AS FILED |        | AFTER FIRST AMENDMENT |                                       | AFTER SECOND AMENDMENT |             |  |
|   | Indep    | Depend | Indep                 | Depend                                | Indep                  | Depend      |  |
| 1   |          |        |                       |                                       |                        |             |  |
| 2   |          |        |                       |                                       |                        |             |  |
| 3   |          |        |                       |                                       |                        |             |  |
| 4   |          |        |                       |                                       |                        |             |  |
| 5   |          |        |                       |                                       |                        |             |  |
| 6   |          |        |                       |                                       |                        |             |  |
| 7   |          |        |                       |                                       |                        |             |  |
| 8   |          |        |                       |                                       |                        |             |  |
| 9   |          |        |                       |                                       |                        |             |  |
| 10  |          |        |                       |                                       |                        |             |  |
| 11  |          |        |                       |                                       |                        |             |  |
| 12  |          |        |                       |                                       |                        |             |  |
| 13  |          |        |                       |                                       |                        |             |  |
| 14  |          |        |                       |                                       |                        |             |  |
| 15  |          |        |                       |                                       |                        |             |  |
| 16  |          |        |                       |                                       |                        |             |  |
| 17  |          |        |                       |                                       |                        |             |  |
| 18  |          |        |                       |                                       |                        |             |  |
| 19  |          |        |                       |                                       |                        |             |  |
| 20  |          |        |                       |                                       |                        |             |  |
| 21  |          |        |                       |                                       |                        |             |  |
| 22  |          |        |                       |                                       |                        |             |  |
| 23  |          |        |                       |                                       |                        |             |  |
| 24  |          |        |                       |                                       |                        |             |  |
| 25  |          |        |                       |                                       |                        |             |  |
| 26  |          |        |                       |                                       |                        |             |  |
| 27  |          |        |                       |                                       |                        |             |  |
| 28  |          |        |                       |                                       |                        |             |  |
| 29  |          |        |                       |                                       |                        |             |  |
| 30  |          |        |                       |                                       |                        |             |  |
| 31  |          |        |                       |                                       |                        |             |  |
| 32  |          |        |                       |                                       |                        |             |  |
| 33  |          |        |                       |                                       |                        |             |  |
| 34  |          |        |                       |                                       |                        |             |  |
| 35  |          |        |                       |                                       |                        |             |  |
| 36  |          |        |                       |                                       |                        |             |  |
| 37  |          |        |                       |                                       |                        |             |  |
| 38  |          |        |                       |                                       |                        |             |  |
| 39  |          |        |                       |                                       |                        |             |  |
| 40  |          |        |                       |                                       |                        |             |  |
| 41  |          |        |                       |                                       |                        |             |  |
| 42  |          |        |                       |                                       |                        |             |  |
| 43  |          |        |                       |                                       |                        |             |  |
| 44  |          |        |                       |                                       |                        |             |  |
| 45  |          |        |                       |                                       |                        |             |  |
| 46  |          |        |                       |                                       |                        |             |  |
| 47  |          |        |                       |                                       |                        |             |  |
| 48  |          |        |                       |                                       |                        |             |  |
| 49  |          |        |                       |                                       |                        |             |  |
| 50  |          |        |                       |                                       |                        |             |  |
| Total Indep                                       | 5        |        |                       |                                       |                        |             |  |
| Total Depend                                      | 31       |        |                       |                                       |                        |             |  |
| Total Claims                                      | 36       |        |                       |                                       |                        |             |  |

10811031

|              |  |
|--------------|--|
| Applicant(s) |  |
|--------------|--|

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |          |        |                       |        |                        |        |
| 2            |          |        |                       |        |                        |        |
| 3            |          |        |                       |        |                        |        |
| 4            |          |        |                       |        |                        |        |
| 5            |          |        |                       |        |                        |        |
| 6            |          |        |                       |        |                        |        |
| 7            |          |        |                       |        |                        |        |
| 8            |          |        |                       |        |                        |        |
| 9            |          |        |                       |        |                        |        |
| 10           |          |        |                       |        |                        |        |
| 11           |          |        |                       |        |                        |        |
| 12           |          |        |                       |        |                        |        |
| 13           |          |        |                       |        |                        |        |
| 14           |          |        |                       |        |                        |        |
| 15           |          |        |                       |        |                        |        |
| 16           |          |        |                       |        |                        |        |
| 17           |          |        |                       |        |                        |        |
| 18           |          |        |                       |        |                        |        |
| 19           |          |        |                       |        |                        |        |
| 20           |          |        |                       |        |                        |        |
| 21           |          |        |                       |        |                        |        |
| 22           |          |        |                       |        |                        |        |
| 23           |          |        |                       |        |                        |        |
| 24           |          |        |                       |        |                        |        |
| 25           |          |        |                       |        |                        |        |
| 26           |          |        |                       |        |                        |        |
| 27           |          |        |                       |        |                        |        |
| 28           |          |        |                       |        |                        |        |
| 29           |          |        |                       |        |                        |        |
| 30           |          |        |                       |        |                        |        |
| 31           |          |        |                       |        |                        |        |
| 32           |          |        |                       |        |                        |        |
| 33           |          |        |                       |        |                        |        |
| 34           |          |        |                       |        |                        |        |
| 35           |          |        |                       |        |                        |        |
| 36           |          |        |                       |        |                        |        |
| 37           |          |        |                       |        |                        |        |
| 38           |          |        |                       |        |                        |        |
| 39           |          |        |                       |        |                        |        |
| 40           |          |        |                       |        |                        |        |
| 41           |          |        |                       |        |                        |        |
| 42           |          |        |                       |        |                        |        |
| 43           |          |        |                       |        |                        |        |
| 44           |          |        |                       |        |                        |        |
| 45           |          |        |                       |        |                        |        |
| 46           |          |        |                       |        |                        |        |
| 47           |          |        |                       |        |                        |        |
| 48           |          |        |                       |        |                        |        |
| 49           |          |        |                       |        |                        |        |
| 50           |          |        |                       |        |                        |        |
| Total Indep  | 5        |        |                       |        |                        |        |
| Total Depend | 31       |        |                       |        |                        |        |
| Total Claims | 36       |        |                       |        |                        |        |

|              | Indep | Depend | Indep | Depend | Indep | Depend |
|--------------|-------|--------|-------|--------|-------|--------|
| 51           |       |        |       |        |       |        |
| 52           |       |        |       |        |       |        |
| 53           |       |        |       |        |       |        |
| 54           |       |        |       |        |       |        |
| 55           |       |        |       |        |       |        |
| 56           |       |        |       |        |       |        |
| 57           |       |        |       |        |       |        |
| 58           |       |        |       |        |       |        |
| 59           |       |        |       |        |       |        |
| 60           |       |        |       |        |       |        |
| 61           |       |        |       |        |       |        |
| 62           |       |        |       |        |       |        |
| 63           |       |        |       |        |       |        |
| 64           |       |        |       |        |       |        |
| 65           |       |        |       |        |       |        |
| 66           |       |        |       |        |       |        |
| 67           |       |        |       |        |       |        |
| 68           |       |        |       |        |       |        |
| 69           |       |        |       |        |       |        |
| 70           |       |        |       |        |       |        |
| 71           |       |        |       |        |       |        |
| 72           |       |        |       |        |       |        |
| 73           |       |        |       |        |       |        |
| 74           |       |        |       |        |       |        |
| 75           |       |        |       |        |       |        |
| 76           |       |        |       |        |       |        |
| 77           |       |        |       |        |       |        |
| 78           |       |        |       |        |       |        |
| 79           |       |        |       |        |       |        |
| 80           |       |        |       |        |       |        |
| 81           |       |        |       |        |       |        |
| 82           |       |        |       |        |       |        |
| 83           |       |        |       |        |       |        |
| 84           |       |        |       |        |       |        |
| 85           |       |        |       |        |       |        |
| 86           |       |        |       |        |       |        |
| 87           |       |        |       |        |       |        |
| 88           |       |        |       |        |       |        |
| 89           |       |        |       |        |       |        |
| 90           |       |        |       |        |       |        |
| 91           |       |        |       |        |       |        |
| 92           |       |        |       |        |       |        |
| 93           |       |        |       |        |       |        |
| 94           |       |        |       |        |       |        |
| 95           |       |        |       |        |       |        |
| 96           |       |        |       |        |       |        |
| 97           |       |        |       |        |       |        |
| 98           |       |        |       |        |       |        |
| 99           |       |        |       |        |       |        |
| 100          |       |        |       |        |       |        |
| Total Indep  |       |        |       |        |       |        |
| Total Depend |       |        |       |        |       |        |
| Total Claims |       |        |       |        |       |        |